INSTRUCTIONS FOR TESTING
ASC X12N 834 BENEFIT ENROLLMENT AND MAINTENANCE &
ASC X12N 820 GROUP PREMIUM PAYMENT TRANSACTIONS

The Michigan Department of Community Health (MDCH) provides funding for several types of health plans that provide services to Medicaid program participants on a capitated basis. Those plans include:

- Medicaid Health Plans (MHPs)

- Children's Special Health Care Services – Special Health Plans (SHPs)

- Program of All-Inclusive Care for the Elderly (PACE)

- Healthy Kids Dental (HKD)

- Community Mental Health Prepaid Health Plans (PHPs)

Currently these plans receive information from MDCH monthly, informing the plans of the enrollment status of individual program participants, by plan. This enrollment data, along with capitated payment amounts, is currently communicated to the plans electronically in proprietary file formats.

In October 2003, MDCH will no longer provide these plans with enrollment data and capitated payment data via proprietary files. Instead, MDCH will provide enrollment data in the form of X12N 834 Benefit Enrollment and Maintenance transactions and will provide payment detail to the plans in the form of X12N 820 Group Premium Payment transactions. Both of these transaction files will be provided to each plan on the same time schedule as the current proprietary files.

To prepare for this transition, MDCH is supporting Business-to-Business (B2B) testing of the 834 and 820 transaction files with its capitated health plans and programs. We have prepared this document to facilitate conversion to the new 834 and 820 transaction formats. We encourage you to begin retrieving and processing the 834 and 820 transaction files although we will continue to supply you with the proprietary files until October 2003.

These B2B testing instructions are maintained on the MDCH web site, at www.michigan.gov/mdch. Once you have reached the web site, click "Providers" at the left side of the page, then "HIPAA Implementation Materials," then "Testing & Certification." This page also contains several other useful links, including:

- MDCH Electronic Submission Manual – An essential starting point for providers, plans and clearing houses who wish to submit electronic claims to MDCH or become an electronic trading partner with MDCH, for other (non-claims) transactions.

- B2B Test Instructions – An overview of all B2B testing available with MDCH, for all types of HIPAA transactions

- HIPAA Frequently Asked Questions (FAQ) – This page outlines several categories of frequently asked questions, organized by subject area

- Companion Documents (formerly Data Clarification Documents) – This section of this page provides links to documents that provide essential details regarding MDCH data requirements for individual transaction sets, including the 834 and the 820 transactions. These documents are companion documents to the HIPAA implementation guides, which may be found at www.wpc-edi.com.

    For the 834 transaction, we have published four separate Companion Documents:

    o Medicaid Health Plans (including PACE)

    o Mental Health & Substance Abuse PHPs

o   Healthy Kids Dental program participants

o   Children's Special Health Plans (SHPs)

For the 820 transaction, we have published two separate Companion Guides:

o   The Summary version applies to Community Mental Health & Substance Abuse CA Prepaid Health Plans (PHPs)

o   The Member Level version applies to Medicaid Health Plans (MHPs), Children's Special Health Plans (SHPs), PACE plans. and Healthy Kids Dental (HKD) plans

We expect to post the first set of 834 transactions to each plan's mailbox on our Data Exchange Gateway by early August 2003. We plan to post the first set of 820 transactions to each plan's mailbox on our Data Exchange Gateway later in August 2003.

To retrieve the 834 or 820 transaction file, you will need to log onto our DEG (Data Exchange Gateway), using the connection information supplied by MDCH, then issue a GET command to retrieve the 834 or 820 file. The file numbers assigned for the 834 and 820 files are different, and they vary depending on the type of plan. The following table summarizes the file numbers used for each transaction, by plan:

Transaction Type of Plan	File Number
834 Benefit Enrollment	
• MHPs, CSHCS-SHP and & PACE	
o Card Cutoff	4976
o First of the Month	5012
o Weekly	5013
• Healthy Kids Dental (HKD) Plan	5015
• Community Mental Health & Substance Abuse CA PHP	5014
820 Group Premium Payment	4985

Should you have any questions regarding the content of these 824 and 820 files, or the B2B testing process, please send an Email to KunzJ@Michigan.gov, stating the nature of your question, and we will respond as quickly as possible. Please include your submitter ID number (e.g., DCH00XX) and your contact information in all correspondence.